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ASSISTANT COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, DC 20231

A
PATENT
Date: March 10, 2000
File No. 1503.63657

cSir:

Transmitted herewith for filing is the patent application of
Inventor(s): Takao Chihara, Toshihiko Sugimoto

For: GUI SCREEN GENERATING APPARATUS,
GUI SCREEN GENERATING METHOD AND
STORAGE MEDIUM RECORDING GUI SCREEN
GENERATING PROGRAM

I hereby certify that this paper is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: Asst. Comm. for Patents, Washington, D.C. 20231, on this date.

03-10-00
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Enclosed are:

- (X) 30 pages of specification, including 12 claims and an abstract.
(X) an executed oath or declaration, with power of attorney.
() an unexecuted oath or declaration, with power of attorney.
() _____ sheet(s) of informal drawing(s).
(X) 17 sheet(s) of formal drawings(s).
(X) Assignment(s) of the invention to FUJITSU LTD.
(X) Assignment Form Cover Sheet.
(X) A check in the amount of \$ 40.00 to cover the fee for recording the assignment(s) is enclosed.
() Information Disclosure Statement.
() Form PTO-1449 and cited references.
() Associate power of attorney.
(X) Priority Document.

Fee Calculation For Claims As Filed

a) Basic Fee							\$ 690.00
b) Independent Claims	<u>4</u>	-	3	=	<u>1</u>	x \$ 78.00	= \$ <u>78.00</u>
c) Total Claims	<u>12</u>	-	20	=	<u>0</u>	x \$ 18.00	= \$ _____
d) Fee for Multiple Claims						\$260.00	= \$ _____
Total Filing Fee							\$ <u>768.00</u>

() _____ Statement(s) of Status as Small Entity, reducing Filing Fee by half to \$ _____

(X) A check in the amount of \$ 768.00 to cover the filing fee is enclosed.

(X) The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 07-2069. A duplicate copy of this sheet is enclosed.

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